

Please type a plus sign (+) inside this box ☐

PTO/SB/01 (03-01)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	HALBI 3.3-002
	<b>First Named Inventor</b>	Ake Bööse
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	Not Yet Assigned
	<b>Filing Date</b>	Concurrently Herewith
	<b>Group Art Unit</b>	N/A
	<b>Examiner Name</b>	Not Yet Assigned

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am an original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DOCTOR BLADE SYSTEM, DOCTOR BLADE CLAMPING DEVICE, CHAMBERED DOCTOR BLADE SYSTEM, PRINTING UNIT, METHOD FOR CLAMPING A DOCTOR BLADE, AND METHOD FOR ATTACHING A CLAMPING PORTION OF A CHAMBERED DOCTOR BLADE

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 12/20/2004 as United States Application Number or PCT International

Application No. PCT/SE2004/001933 and was amended on (MM/DD/YYYY) (if applicable).


I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0303603-5	SE	12/30/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Please type a plus sign (+) inside this box 

PTO/SB/01 (03-01)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 000530

Direct all correspondence to: ☒ Customer Number or Bar Code Label **000530** OR ☐ Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Email

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

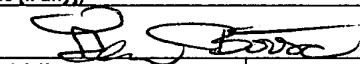
Given Name  
(first and middle [if any])

Åke

Family Name  
or Surname

Bööse

Inventor's  
Signature



Date

2006-06-27

Residence: City

Lidingö

State

Country

Sweden

Citizenship

Sweden

Mailing  
Address:

Laxvägen 3

City

Lidingö

State

ZIP

S-181 30

Country

Sweden

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

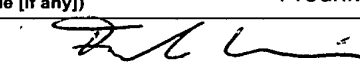
Given Name  
(first and middle [if any])

Fredrik

Family Name  
or Surname

Irlén

Inventor's  
Signature



Date

2006-06-28

Residence: City

Ålta

State

Country

Sweden

Citizenship

Sweden

Mailing  
Address:

Ålta Mossväg 12

City

Ålta

State

ZIP

S-138 37

Country

Sweden

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.